

FILED JAN 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44956

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 56.55 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt Vernon Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Mt Vernon</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lifeline</u> Length of stay in 1b <u>Lifeline</u>		d. STREET ADDRESS (If outside, give location) <u>5 mile north west</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Lillian</u> First <u>Gardner</u> Middle <u></u> Last		4. DATE OF DEATH <u>Dec-23-1957</u> Month <u>Dec</u> Day <u>23</u> Year <u>1957</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug-21-1890</u>
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mt Vernon, Mo.</u>	
11. BIRTHPLACE (City and state or country) <u>Mt Vernon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>W. Harvey Bacon</u>		14. MOTHER'S MAIDEN NAME <u>Hora Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u> (If yes, give war or dates of service) <u></u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT <u>Oron Gardner R.R. Mt Vernon Mo</u> Address <u></u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Suicide</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Third degree burns and entire body</u> DUE TO (b) <u></u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>979X</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>979X</u>		20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	
20f. CITY, TOWN, OR LOCATION <u>Mt Vernon</u> COUNTY <u>Mo.</u> STATE <u></u>		21. I attended the deceased from <u>5:00 A.</u> to <u></u> and last saw her alive on <u></u>	
22a. SIGNATURE <u>P. W. Hahn</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>Mt Vernon Mo</u>	
22c. DATE SIGNED <u>12-23-57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Dec-24-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Mt Vernon</u> (State) <u>Mo.</u>		24. FUNERAL DIRECTOR <u>Max L. Frazee</u> ADDRESS <u>Mt Vernon Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>1-2-58</u>		26. REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Max L. Fossett

Licensed Embalmer No. 425

P. O. Address McVernon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.